

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO
097701775

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7		1		1		
8		2		1		
9		1		1		
10		1		1		
11		0		0		
12		1		1		
13		1		1		
14		0		1		
15	1	1	1	1		
16		1		1		
17		1		1		
18		3		1		
19		0		1		
20		0		1		
21		0		1		
22		0		1		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	27	↓	22	↓		↓
TOTAL CLAIMS	29		24			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS